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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/863,546 05/23/2001 PAT 6,609,793 which claims benefit of 60/207,734 05/26/2000
 and claims benefit of 60/259,924 01/05/2001

**** FOREIGN APPLICATIONS *******

SWEDEN 0001925-7 05/23/2000
 SWEDEN 0004830-6 12/22/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 09/17/2003**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 11	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

22865

TITLE

METHODS OF OBTAINING OPHTHALMIC LENSES PROVIDING THE EYE WITH REDUCED ABERRATIONS

FILING FEE RECEIVED 1146	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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